To be used for changes to registrations and terminations.	1275 Lobbyist's Registration Number
Instructions Prior in link or type. Complete form and return to Board of Ethics. 2415 Quail Dr., 3 rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required. This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you case all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.	FOR OFFICE USE ONLY Postmark Date: 3-14-88 BUAD OCK
NAME McKearn Kristy G.	1072096
BUSINESS PHONE 225-381-7028 301 North Main St. Suite	810, Baton Rouge, LA
Street and No. City State	5150
MAILING ADDRESS Same.	sume zop well & Berkowitz
Sticot and No.	20 To 20 To 10 To

Business or purpose

If No. who pays you?_

New Representation
Does this person pay you?_____

Terminated Representation as of 3/14/08

Form \$34, Rev. 1612002

1275 Lobbyist's Registration Number

2.	Name Touro Informary
	Address 1401 Forcher Street New Orleans, LA 70115
	Business or purpose Healthcare Services
	Does this person pay you?
	If No, who pays you?
	Terminated Representation as of 3/14/08
3.	Name Freserius Medical Care
	Address 95 Hayden Drive Lexington, MA 02420
	Business or purpose Healthcare Services
	New Representation Does this person pay you?
	if No, who pays you?
	Terminated Representation as of 3/14/08
	*** *** ******************************
	CERTIFICATION OF ACCURACY
1.	hereby certify that the information contained herein is true and correct to the best of my knowledge,
	formation, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et
SE	q.] has been deliberately omitted.
	Signature of Lubbyist

Form 501, Rev 10/2002



2.	Name Gilsbar, Inc.
	Address 2100 Coveration Centre Covington, LA 70434
	Business or purpose Third Party Administrator
	New Representation Does this person pay you?
	If No, who pays you?
	Terminated Representation as of 3/14/08
3.	Name Lavisiana Alliance of YMCAS
	Address 1215 Prytania St. Ste. 103 New Orleans, LA 70130
	Business or purpose
	New Representation Does this person pay you?
	If No, who pays you?
	Terminated Representation as of 3/14/08
	CERTIFICATION OF ACCURACY
Ι	hereby certify that the information contained herein is true and correct to the bost of my knowledge,
iπ	formation, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et
se	q.] has been deliberately omitted.
	Signature of Lobbyist

Ferin 601, Nev. 10/2002

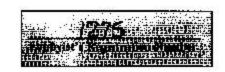


2. Name National Association of Public Insurance Adjusters
2. Name National Association of Public Insurance Adjusters Address 21165 Whitfield Place 105 Potomer. Falls, VA 20165
Psusiness or purpose insurance adjusting
Now Representation Does this person pay you?
If No, who pays you?
Tenninated Representation as of 8/14/08
3. Name River Road Films, LLC
Address 424 LSU Ave Boton Rouge LA 70825
Business or purpose film industry
New Representation Does this person pay you?
If No, who pays you?
Terminated Representation as of 3/14/08
CERTIFICATION OF ACCURACY
I hereby certify that the information contained herein is true and correct to the best of my knowledge,
information, and belief, and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et
seq.] has been deliberately omitted.
24.1 3
Signature of Lobbyist

Form 801, Res. 1012002



2.	Nome RW Development
	Address #2 Canal Street, Wald Trade Center, Ste. 2985 New Orleans,
	Business or purpose business development LA 7930
	New Representation Does this person pay you?
	If No, who pays you?
	Terminated Representation as of 3/14/08
3.	Name American Medical Response
	Address 6200 South Syracuse Way #200 Greenwood Village, CO 8011
	Business or purpose private ambulance service
	New Representation Does this person pay you?
	If No, who pays you?
	Terminated Representation as of 3/14/06
	CERTIFICATION OF ACCURACY
1	tereby certify that the information contained herein is true and correct to the best of my knowledge,
ín	formation, and belief; and that no information required by the Lubbyist Disclosure Act [LSA-R.S. 24:50 ct
se	q.] has been deliberately omittod.
	Signature of Labbuist



Francisco Mississer Adulat (FMAI)
2. Name Franciscan Missionaries of Our Lady (FMOL) Address 4200 Essen Lane Baston Rouge, LA 70809
Address 4400 ESSA Lane Paston Rouge LA LOLU I
Business or purpose health care
New Representation Does this person pay you?
If No, who pays you?
Terminaled Representation as of 3/14/08
3. Name APS Heathcare, Inc.
Address 8403 Coleanille Road Silver Spring, MD 20910
has the area carata.
Now Representation Does this person pay you?
It No, who pays you?
Terminated Representation as of 3/14/08
CERTIFICATION OF ACCURACY
I hereby certify that the information contained herein is true and correct to the best of my knowledge
information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50
sea I has been deliberately projeted
seq.] has been deliberately omitted.
Signature of Lobbyist
Form 501, Pec. 10/20102

Form 601, Rev. 10/2002



2.	Name Meditionic, Inc.
	Address 400 Lexington Ave. North - X185 Shareview, MN 55126
	Business or purpose <u>Medical devices</u>
	New Representation Does this person pay you?
	If No, who pays you?
	Terminated Representation as of 3/4/08
7	Name Jupiter Interest, Inc.
	Address 5721 Magazine 8t. New Orlans, LA 70115
	Business of purpose investment company
	New Representation Does this person pay you?
	If No. y/ho pays you?
	Terminated Representation as of 3/14/08
	* * *
	CERTIFICATION OF ACCURACY
1 1	tereby certify that the information contained herein is true and correct to the best of my knowledge,
in	ormation, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et
se	q.J has been deliberately omitted.
	Signature of Lobbyist



2.	Name Educational Testing Service (#75)
	Address 1800 K Street, N.W. Washington DC 2000Co
	Business or purpose +CS+IAG SETVICE
	New Representation Does this person pay you?
	If No, who pays you?
	Terminated Representation as of 3/14/08
1	Name Lady of the Sea Hapital
	Address 200 W. 134th Place Cutoff, LA 76345
	Business or purpose haspital service
	New Representation Does this person pay you?
	If No, who pays you?
	Terminated Representation as of 3/14/08
	CERTIFICATION OF ACCURACY
1	hereby certify that the information contained herein is true and correct to the best of my knowledge,
in	formation, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et
C.C.	q.] has been deliberately omitted.
34.	Alleil-
Far	r-401. Ray. 102000